



## South West Kent Mental Health Action Group (MHAG)

Meeting on 25<sup>th</sup> May, 2016, 12.30pm

The Angel Centre, Angel Lane, Tonbridge, Kent TN9 1SF

### PRESENT

Jacquie Pryke - Chair  
Sue Sargeant – Minutes  
Chris Munday  
Phil Davis  
Heidi Adamson  
Jenny Solomon  
Clare Wagstaff  
Clare Tricker  
Audrey Quansah-Abakah  
Pat Morgan  
JT  
GC  
RS  
Linda Riley  
Catronia Toms  
Ali Marsh  
Alison Skulczuk  
Teresa Boffa  
Jill Roberts

### ORGANISATION & EMAIL ADDRESS

West Kent CCG  
West Kent Mind  
Crossways Community  
DWP  
IESO  
Insight Healthcare  
KCC Libraries  
KCC Primary Care Mental Health Service  
KMPT, Equality & Diversity Manager  
KMPT Highlands House  
Service user  
Service user  
Service user  
Service Users Involvement Group (SUIG)  
Shaw Trust  
ThinkAction  
Tunbridge Wells Mental Health Resource  
West Kent CCG  
West Kent Mind

### APOLOGIES

Alan Heyes  
Jeremy Cross  
Lesley Street  
Libby Notley  
Sue Hunt

### ORGANISATION

Mental Health Matters  
Tunbridge Wells & District Citizens Advice Bureau  
Shaw Trust  
West Kent Mind  
Carers First

### 1. Welcome Introductions & Apologies

The Chair welcomed the group and apologies were noted as above.

### 2. KMPT Community Engagement Strategy, Audrey Quansah-Abakah

The Powerpoint presentation and questions have been circulated and are available on the Live It Well website <http://www.liveitwell.org.uk/local-news/ashford/#MHAGInformation>

This strategy was developed 5 years ago to replace previous service user and carer strategies. We are working on new priorities for the next five years and would like your input. We have 3 questions which have been circulated and your feedback is welcomed. The draft strategy was circulated with this presentation. The final document would be out shortly after this consultation and we will come back to share this with you.

Q. What is the difference between the PPCI and PET?

**ACTION 1: Audrey to confirm**

Q. Will there be another carer's newsletter?

A. Yes, this will be a 6 monthly feature

Q. Where do you feel you have gaps?

A. In terms of board governance level, there should be much more involvement and sharing at board level.

Q. What are diverse communities? Who does that apply to?

Definition of the protected characteristics under the Equality Act 2010

Protected Characteristics under the Equality Act 2010	Other groups captured by NHS England Equality Delivery System
<ul style="list-style-type: none"><li>• Age</li><li>• Disability</li><li>• Gender re-assignment</li><li>• Marriage and civil partnership</li><li>• Pregnancy and maternity</li><li>• Race including nationality and ethnic origin</li><li>• Religion or belief</li><li>• Sex</li><li>• Sexual orientation</li></ul>	<ul style="list-style-type: none"><li>• People who are homeless</li><li>• People who live in poverty</li><li>• People who are long-term unemployed</li><li>• People in stigmatised occupations (such as women and men involved in prostitution)</li><li>• People who misuse drugs</li><li>• People with limited family or social networks</li><li>• People who are geographically isolated</li></ul>

The Equality Act is limited in the characteristics it identifies. The refreshed Equality Delivery System broadened it out to include the additional list above.

There was discussion around gaining feedback by advertising in local free papers and approaching service user forums. Also on how service users and carers could get more involved by making meetings more accessible, location and time wise. Is it possible for all CMHTs to have local service user groups, SUIG works really well with the CMHT at Highlands House? Documentation is very confusing with names and acronyms. Take to County need for clarity.

**ACTION 2:** Audrey to contact other organisations to present to service users

**ACTION 3:** Audrey to feedback on who is able to attend the Trust Wide Patient Engagement Group

**ACTION 4:** Audrey to look at whether all local CMHT teams have service user groups

**3. Minutes from last meeting** : The minutes were approved without any amendments.

#### **4. Action Points**

##### **a) From local MHAG:**

1. Forward details of the Live Well Assessment Event for circulation to the group. – *Completed*
2. Check whether the Live Well Kent service directory can be sent out via the MHAGs - *Service directory is being updated. Due to ongoing changes it may be better to host it on a webpage and circulate the link.*
3. Shaw Trust to ensure CMHT are kept up to date with changes. - *Catronia has met with the Community Directorate Service Management Group to raise the profile of Live Well Kent and explain the service provision. Interim Navigator / Navigators have and can visit CMHT as required. Liaison with Vocational Rehabilitation Team. Receiving referrals from Single Point of Access and CMHTs.*
4. How have Winfield services been replaced? – *Tunbridge Wells Resource Centre are running computer groups at RBNl premises and have a volunteer who used to work at Winfield. All Live Well Kent Clients can also access e-kwip.me Skills for Work to support skill development such as Word and Excel. Contact The Hub for more information.*
5. Crisis Café status – *see Commissioner's Report below*
6. Co-Chair position – *see 8. Elect a new Co-Chair below*

**b) County response to SWK questions: (See April County minutes for full responses)**

1. Long Term needs. **Sue Scamell:** *We have a statutory duty to support people with mental health needs. People don't have to go to Secondary care for social care services anymore because we have developed the primary care service.*

Catronia has been having more discussions around that group of people and into KERS/Primary care teams to make sure people are linked into services.

2. "no wrong door" **Shaw Trust:** *we recognise this could be interpreted in different ways. We would need more information on the case mentioned in order to respond.*

**Action 2 :** *Ask Service User for specific details on why she is not able to access CMHT or IAPT.*

3. No support for people working under 16 hours: This question actually related to permitted supported employment and the provision of an employment advisor to support this. This will be taken back to County.

Shaw Trust have asked Sue Scamell to provide a position statement on this.

4. IAPT gap: **Canterbury, Maidstone & SWK MHAGs** *all raised issues with IAPT gaps.*

*Jeanette and Andy are meeting up with KMPT, Porchlight and East Kent IAPT providers to look at the case studies provided by Maidstone and SWK MHAGs to review referral/access criteria to CMHT and IAPT. Important to take this to KMPT Single Point of Access service as this has a clinical triage function with consistent approach across Kent. Discussion to be had with Porchlight and Shaw Trust about appropriate links to their services. Provider to Provider transfer form needed to facilitate professional transfer from clinician to clinician hopefully picking up the phone to discuss. Andy noted there should not be a gap but wants to try and fully understand the criteria of those who do. From commissioning point we want to ensure there is a joint approach.*

*This work is for East Kent but we are happy to share with other CCGs.*

**Action 1 :** *Jeanette to share this IAPT engagement model with all CCGs.*

The gap is not just waiting list related. It involves cases such as people with personality disorder who are not accepted by either IAPT or CMHT. Or longer term help for people who have got back to work and had a blip and need some help. How is West Kent CCG going to address this and how can case studies be taken forward?

Jacque will look at providing something similar to East Kent. Jacque is attending meetings being run by KMPT to look and review the current pathway for Personality Disorders.

**ACTION 5:** Jenny to forward spreadsheet to Linda for her to complete with case studies

**ACTION 6:** Linda to send personal experiences to Jacque

## **5. Service User & Carer Questions**

1. A personal matter was raised in the pre meeting regarding the Patient Experience Team which has been taken back by Audrey to address.

2. Libby, West Kent Mind, forwarded details of a situation where a homeless person arrived at the Centre in extreme distress and there was no support available from the statutory services. As a voluntary sector service they were unable to help as there was no answer from the Crisis Team when contacted directly or by Single Point of Access so in the end the only option was to call an ambulance. Libby wanted to raise awareness of these difficulties and would request more clarity is provided to help people in similar circumstances.

**ACTION 7:** Jacque asked for details to be forwarded to her.

3. Response time for Live Well Kent service for referrals should be 24 hours but Phil at DWP has 2 customers who have not received a response after 28 days. Catronia confirmed that they are working on delays which are due to than higher than expected demand and inappropriate referrals so response may be temporarily nearer to 1 week.

## **ACTION 8: Phil to forward details to Catronia**

### **Take to County:**

1. Question regarding Crisis Team response as raised above.
2. April County question around support for less than 16 hours work should have been made in reference to supported permitted employment.
3. How is West Kent CCG going to address the gap between IAPT and CMHT services and how can case studies be taken forward?
4. (Further to Audrey's presentation but just in general) Names and acronyms are very confusing? How can they be made clearer? Ask for acronyms to be explained in reports or can a cheat sheet be added?

## **6. Information Sharing**

### **a) County Mental Health Action Group Update**

The County MHAG minutes and local questions are all available at <http://www.liveitwell.org.uk/your-community/county-mental-health-action-group/>

### **b) Commissioners Reports**

**Sue Scamell, KCC:** Nothing new to report at the moment whilst the new Live Well Kent service beds down. Porchlight and Shaw Trust will provide their own updates going forward. Sue chaired the recent County MHAG meeting and has responded to all questions raised on the Live Well Kent service. The new Primary Care Social work team will be attending local MHAGs and will also be able to give updates on the service. Sue is happy to take any further questions by email [sue.scamell@kent.gov.uk](mailto:sue.scamell@kent.gov.uk)

**Jacque Pryke, West Kent CCG:** The report was circulated separately and is also available on the Live It Well website.

Crisis Cafes – funding has agreed for 2 cafes in Maidstone (Maidstone & Mid Kent Mind) and Tonbridge (West Kent Mind) which should hopefully be up and running soon.

### **c) Provider updates/New members**

**TWMHR, Alison:** A new Kent Advocacy partnership has been launched, headed by SEAP. New leaflets are available.

**ACTION:** Alison to forward electronic version for circulation.

**KCC Libraries, Clare:** Shelf Help is a new national books on prescription scheme aimed at helping young people with mental health issues. This complements the adult scheme which has been running for a couple of years. The books can be ordered through any library.

**Primary Care Social Work Service, Clare:** They are happy to receive referrals for anyone known to primary care who may have a need under the Care Act. Catronia has asked the team to check within people's services to see if anyone has been missed who could be referred to Live Well Kent.

**James:** Just wanted to say how important the befriending schemes are in helping people to go out in the community in an inexpensive way. Catronia agreed and confirmed that in Live Well Kent they will have volunteers working alongside people as mentors or peer buddies.

**DWP, Phil:** If someone has failed a Work Capability Assessment they must read the letter and ask for an appeal as soon as possible. This must happen within 28 days.

### **d) Staff changes**

TWMHR – Tara Cratchley has moved on within the service and will be replaced by a new support worker. Alison to confirm who this will be.

Shaw Trust – Richard Burrige is the new Wellbeing Navigator working out of Tonbridge office

## 7. Working Group

### **WORKING GROUP 1: Discharge and relapse prevention planning.**

Discharge letter waiting for approval from different groups.

**WORKING GROUP 2: IAPT working group.** The group's intention was to continue to collate examples of gaps in service with the intention of establishing regular meetings with WK CCG to flag these issues. The County meeting will discuss how best to go forward with this.

## 8. Elect new co-chair

Jacque Pryke was voted in. There were discussions around how it might be possible to support a service user in different meeting locations but it was felt that this was not viable especially as Tara Cratchley has moved on within Reachout. There is still a vacant co-chair position. Please contact the admin team at [mhag@westkentmind.org.uk](mailto:mhag@westkentmind.org.uk) for more information.

## 9. Date of next meeting

28<sup>th</sup> July, 2016 at 12.30 at the Camden Centre, Market Square, Royal Victoria Place, Royal Tunbridge Wells, Kent TN1 2SW

Meeting finished at 2.03pm

## ACTION TABLE

Action No.	Action Point	Responsibility	Status
1	What is the difference between the PPCI and PET?	Audrey	
2	Contact other organisations to present to service users	Audrey	
3	Confirm who is able to attend the Trust Wide Patient Engagement Group	Audrey	
4	Look at whether all local CMHT teams have service user groups	Audrey	
5	Forward IAPT spreadsheet to Linda for her to complete with case studies	Jenny	Completed
6	Send personal experiences of IAPT gaps to Jacque	Linda	
7	Forward details of Crisis team experience to Jacque	Sue	
8	Forward details of Live Well Kent wait to Catronia	Phil	

Minutes posted on: <http://www.liveitwell.org.uk/local-news/west-kent>

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